

## Field Treatment

1. Basic airway
2. Oxygen/Assist ventilations – **avoid hyperventilation**
3. CPR
  - ①
4. Cardiac monitor/document rhythm and attach EKG/ECG strip
5. Advanced airway prn
6. Venous access
  - ②
7. **Epinephrine (1:10,000) 1mg IV/IO**
  - ①
8. If PEA is <60, **Atropine 1mg IV/IO**
  - ②

**Note:** ③ ④ ⑤

9. Resuscitate on scene until there is a return of spontaneous circulation (ROSC), consider pronouncement if resuscitation is not successful or transport per base hospital order

## Drug Considerations

### Epinephrine

- ① May repeat 1mg every 3-5 minutes  
1:10,000 concentration

### Atropine:

- ② May repeat every 3-5 minutes,  
maximum dose is 3mg

## Special Considerations

- ① Minimize interruptions, check rhythm/pulse every 2 minutes (5 cycles)
- ② If IV access is not possible, place IO (if available)
- ③ Consider possibility of: hypovolemia, hypoxia, cardiac tamponade, tension pneumothorax, acidosis, hypothermia, drug overdose or pulmonary embolus
- ④ Drugs to consider for specific history:
  - ✓ Hypoglycemia - **dextrose 50%, 50ml IV/IO**
  - ✓ Dialysis patient or calcium channel blocker toxicity – **calcium chloride 1gm IV/IO**
  - ✓ Narcotic overdose – **naloxone (Narcan®) 0.8-2mg IV/IO**
- ⑤ Routine administration of **sodium bicarbonate** is not recommended, consider for special situations (dialysis/tricyclic OD) with base concurrence – **1mEq/kg IV/IO**